

Atty. Docket No. YOR920010538US1
(590.075)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUN 15 2005

In re Application of : Chaudhari et al.

Serial No. : 10/039,258

Examiner : Abebe,
Daniel D.

Filed : January 4, 2005

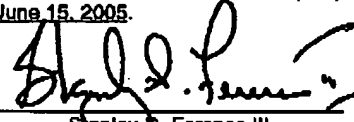
Art Unit : 2655

For : SPEAKER IDENTIFICATION EMPLOYING A
CONFIDENCE MEASURE THAT USES
STATISTICAL PROPERTIES OF N-BEST LISTS

June 15, 2005

AMENDMENT

I hereby certify that this correspondence and any documents referred to as
enclosed therewith are being transmitted by facsimile to the Commissioner
for Patents on facsimile number (703) 872-9306 on
June 15, 2005.


Stanley D. Ference III
Reg. No. 33,879

June 15, 2005
Date of Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action dated February 15, 2005, kindly enter the
following amendments. The amendments find full support in the claims and/or
specification as originally filed.

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks begin on page 6 of this paper.

FERENCE & ASSOCIATES

409 Broad Street
Pittsburgh, Pennsylvania 15143
Phone: (412) 741-8400
Fax: (412) 741-9292
Web: www.ferencelaw.com

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USPTO FACSIMILE COVER SHEET

To:	Commissioner for Patents	RECEIVED
Fax Number:	(703) 872-9306	OIPE/IAP
Date:	June 15, 2005	JUN 16 2005
Pages:	16 pages (including this cover sheet)	

MESSAGE:

SPEAKER IDENTIFICATION EMPLOYING A CONFIDENCE MEASURE THAT USES
STATISTICAL PROPERTIES OF N-BEST LISTS

Application No. 10/039,258

Examiner Abebe, Daniel Demelash

Art Unit 2655

Amendment Transmittal

Petition and Fee for Extension of Time

Credit Card Payment Form

Amendment

YOR920010538US1

(590.075)

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE
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Amendment Transmittal

JUN 15 2005

Atty. Docket No. YOR920010538US1
(590.075)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Chaudhari et al.
Serial No. : 10/039,258 Examiner : Abebe, Daniel D.
Filed : January 4, 2005 Group Art Unit : 2655
For : SPEAKER IDENTIFICATION EMPLOYING A CONFIDENCE
MEASURE THAT USES STATISTICAL PROPERTIES OF N-BEST
LISTS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

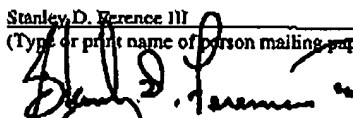
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 5.1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on June 15, 2005, to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. YOR920010538US1
 (590.075)

5. ☐ Also enclosed: _____
6. ☐ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

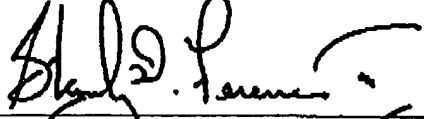
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total Claims	19	** 21	= *	x \$25	=	O	x \$50	=
Ind. Claims	3	*** 3	= *	x \$100	=	O	x \$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O	+ \$360	=
				TOTAL	= \$	O	TOTAL	= \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

 By 
 Stanley D. Ference III
 Reg. No. 93,879
Dated: June 15, 2005

Mailing Address:

Customer No. 35195
 FERENCE & ASSOCIATES
 409 Broad Street
 Pittsburgh, Pennsylvania 15143
 (412) 741-8400
 (412) 741-9292 - Facsimile

Page 2 of 2